

# HiPHIVE

## (Hawaii Public Health Information Virtual Education)

**Who?** We need you, the public health professional, who needs accurate, up to date information and materials to make quality decisions to act efficiently and effectively. We need you to take 15 minutes now to complete a confidential needs assessment.

**What?** We believe there is a need for a Hawai'i friendly way to search the Internet and local and national databases for medical and public health information and data. The assessment you give us will help us design a user-friendly process.

**Why?** You have precious little time to spend getting the “right stuff“ to do your work. We hope that you also think it is worth doing better—especially for public health in Hawai'i.

**How?** With your input, we are planning a website and training that will enhance the way you can access the information necessary for your public health practice. The Hawai'i Medical Library (HML) in partnership with the School of Public Health (SPH), University of Hawai'i at Manoa has received a two-year grant from the Partners in Information Access for Public Health Professionals Project of the National Library of Medicine to work with you on this.

**When?** By the end of June we expect to complete the initial development of the website and by early fall we expect to start training sessions at sites throughout the state.

**Where?** Please watch for the announcements.

Sharon Berglund, Reference/Education Services Librarian at HML, and Virginia (Ginny) Tanji, SPH Librarian, look forward to receiving your survey by XX . Send the surveys to us by mail or by messenger

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or

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Please contact Sharon Berglund (536-9302, [berglund@hml.org](mailto:berglund@hml.org)) or Virginia (Ginny) Tanji (956-8666, [tanji@hawaii.edu](mailto:tanji@hawaii.edu)). If you have any questions, we would like to hear from you.

1. How often do you use the following to obtain work-related information/data?  
(Please check the appropriate boxes.)

	<i>Daily</i>	<i>Weekly</i>	<i>Monthly</i>	<i>Rarely</i>	<i>Never</i>
<b>Print sources</b>					
Dictionaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Government publications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Journals (personal collection)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Journals (library collection)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Newsletters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Newspapers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone directories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Textbooks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work manuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Electronic/Internet Sources</b>					
Databases					
AIDSLINE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CANCERNET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEDLINE					
via PubMed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
via Internet Grateful Med	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
through Hawaii Medical Library	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other : _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOXNET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOXLINE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other : _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Search engines (such as AltaVista, Yahoo, Excite, Infoseek, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal bookmarks:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Websites:					
hml.org	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<a href="http://www.hawaii.edu/sphlib">www.hawaii.edu/sphlib</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<a href="http://www.cdc.gov">www.cdc.gov</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electronic discussion lists/listservs:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CD-ROM databases					
MEDLINE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other : _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other Sources</b>					
Colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conferences/Workshops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Libraries/Librarians					

2. How often do you use the computer for the following activities?

	<i>Daily</i>	<i>Weekly</i>	<i>Monthly</i>	<i>Rarely</i>	<i>Never</i>
Wordprocessing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spreadsheet analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Database creation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Database searching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E-mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet searching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Do you have access to a computer and/or the Internet at the following locations?

	<b>Computer access</b>		<b>Internet access</b>	
	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
Personal workspace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shared workspace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. I learned to use electronic resources (please check all that apply):

<input type="checkbox"/> by teaching myself	<input type="checkbox"/> by attending workshops/course/classes
<input type="checkbox"/> from colleagues	<input type="checkbox"/> from friends/relatives
<input type="checkbox"/> from librarians	<input type="checkbox"/> other : _____
<input type="checkbox"/> I have not used electronic resources.	

5. *If you do not search the Internet:*

I do not search the Internet because I (please check all that apply):

<input type="checkbox"/> don't know how	<input type="checkbox"/> don't think the Internet has the information I need
<input type="checkbox"/> don't have time	<input type="checkbox"/> don't have access to the Internet
<input type="checkbox"/> other : _____	

6. We are working on a public health information website tailored specifically to the needs of local public health professionals. This website could serve as a starting point for your search of Internet resources and databases. Please help us by answering the following questions.

What kind of information/data links would you find most helpful?

What are your favorite listservs or electronic discussion groups?

What are your favorite search engines?

What are your favorite websites? (Please give name and/or address.)

In your opinion, what are the biggest barriers to getting information from the Internet?

7. What is (are) your preferred mode(s) of training? (Please check all that apply.)

- |   |  |
|---|--|
| <input type="checkbox"/> Hands on               | <input type="checkbox"/> Training session              |
| <input type="checkbox"/> Demonstration          | <input type="checkbox"/> Reading a manual/instructions |
| <input type="checkbox"/> Internet tutorial      | <input type="checkbox"/> Consultation via e-mail       |
| <input type="checkbox"/> In-person consultation | <input type="checkbox"/> Other: _____                  |

8. Finally we need some information to help us interpret this data.

(Please check the appropriate boxes.)

Gender: ☐ Male ☐ Female

Age: ☐ 18-34 years ☐ 35-54 years ☐ 55+ years

What is your highest degree?

- |  |                                  |                               |                                       |
|--|----------------------------------|-------------------------------|---------------------------------------|
| <input type="checkbox"/> High school diploma | <input type="checkbox"/> BA , BS | <input type="checkbox"/> MPH  | <input type="checkbox"/> MD           |
| <input type="checkbox"/> MA, MS              | <input type="checkbox"/> PhD     | <input type="checkbox"/> DrPH | <input type="checkbox"/> Other: _____ |

How long have you worked in public health/health care?

- ☐ 0-1 year ☐ 2-5 years ☐ 6-10 years ☐ 11-20 years ☐ Over 20 years

What island do you work on?

- ☐ Kauai ☐ Oahu ☐ Molokai/Lanai ☐ Maui ☐ Hawaii (Big Island)

9. Please check the one category that best describes your area of interest:

- |  |  |
|--|--|
| <input type="checkbox"/> Administration/Management       | <input type="checkbox"/> Health Education/Promotion        |
| <input type="checkbox"/> Aging                           | <input type="checkbox"/> Health Planning/Policy            |
| <input type="checkbox"/> Alcohol, Tobacco, & Drug Abuse  | <input type="checkbox"/> Injury Control/Emergency Services |
| <input type="checkbox"/> Chronic Disease                 | <input type="checkbox"/> Maternal-Child Health             |
| <input type="checkbox"/> Clinical Care (Medical/Nursing) | <input type="checkbox"/> Mental/Behavioral Health          |
| <input type="checkbox"/> Communicable Diseases           | <input type="checkbox"/> Nutrition                         |
| <input type="checkbox"/> Dentistry/Oral Health           | <input type="checkbox"/> Occupational Safety/Health        |
| <input type="checkbox"/> Developmental Disabilities      | <input type="checkbox"/> Public Health Nursing             |
| <input type="checkbox"/> Environment/Toxicology          | <input type="checkbox"/> Rehabilitation                    |
| <input type="checkbox"/> Epidemiology                    | <input type="checkbox"/> Other: _____                      |
| <input type="checkbox"/> Family Planning                 |  |

10. Please use this space for additional comments or questions you have regarding this survey/project.

***Thank you very much for your help!!!***